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Atty Docket No. OIN 1006-2

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on 27 March 2006

Tracey Horne
Tracey Horne

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of inventor(s):

Bart A. MELTZER et al.

Application No. 09/633,365

Confirmation No. 3951

Filing Date: 07 August 2000

Title: **Registry for Trading Partners
Using Documents for Commerce
in Trading Partner Networks**

Group Art Unit: 2141

Examiner: Kenneth R. Coulter

CUSTOMER NO. 22470

MAIL STOP RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL OF RESPONSE TO FINAL OFFICE ACTION

Sir:

In connection with the above-referenced U.S. patent application, transmitted herewith for filing is the following:

- [X] **Response to Final Office Action mailed 26 September 2005**, for which an extra claim fee is due for the addition of one independent claim (\$200);
- [X] Declaration under 37 CFR § 1.132 of Jay M. Tenenbaum, Ph.D.;
- [X] Declaration under 37 CFR § 1.132 of Stephen R. Carter;
- [X] Request for Continued Examination (RCE);
- [X] Petition for Extension of Time;
- [X] Information Disclosure Statement; Form PTO/SB/08A and 3 cited references; and

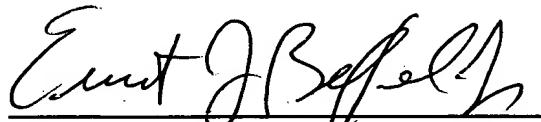
[X] A Fee for amendment of claims is required, and is calculated as shown below:

AMENDED CLAIMS					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	LARGE ENTITY RATE	ADDITIONAL FEE
Total Claims	28	47	= 0	x \$50.00 =	\$0
Independent Claims	5	4	= 1	x \$200.00 =	\$200.00
If Amendment adds multiple dependent claims, add \$260.00					\$
Total Amendment Fee (LARGE ENTITY)					\$200.00
If small entity status is claimed, subtract 50% of Total Amendment Fee					
FEE DUE FOR AMENDMENT OF CLAIMS FOR THIS RESPONSE					\$200.00

[X] Credit Card Payment Form PTO-2038 authorizing a charge of \$2010 in payment of the following fee(s): (i) extra independent claim (\$200); fee for Request for Continued Examination (\$790); fee for 3-month extension of time (\$1,020); and

The Commissioner is hereby authorized to charge Deposit Account No. 50-0869 (OIN 1006-2) for any additional fees, or to credit any overpayment, that may be associated with this matter.

Respectfully submitted,


Ernest J. Beffel, Jr., Reg. No. 43,489

Dated: 27 March 2006

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